

C. 4491

EIGHTEENTH
ANNUAL REPORT

OF THE
SCHOOL MEDICAL OFFICER



TO
The Education Committee

OF THE
SALOP COUNTY COUNCIL.

1925.

JAMES WHEATLEY, M.D., D.P.H.



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Medical Staff.

School Medical Officer:

JAMES WHEATLEY, M.D., D.P.H.

Assistant School Medical Officers:

KATHLEEN PRIESTLEY, L.S.A.

MABEL BLAKE, M.B., Ch.B.

ARTHUR D. SYMONS, M.D., D.P.H. (ceased duty August 31st, 1925).

WILLIAM TAYLOR, M.D., D.P.H.

LESLIE WILSON EVANS, M.B., D.P.H.

BERNARD A. ASTLEY-WESTON, M.B., D.P.H. (commenced duties Oct. 12th, 1925).

School Dentists:

STEPHEN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S.

Organiser of Physical Training:

MRS. K. W. DAVEY, Diploma of the College of Physical Education.

To the Chairman and Members of Salop Education Committee.

LADIES AND GENTLEMEN,

I beg to present my eighteenth Annual Report as Medical Officer to the Salop Local Education Authority.

The combined scheme of School Medical Inspection and Child Welfare has been further advanced and continues to work well.

The school clinics have continued to grow in usefulness and now form an important part of the scheme of medical inspection and treatment.

The Medical Officers now attend ~~seven~~ School Clinics once a week and one once a fortnight. They also attend nine Child Welfare Centres once a week, three once a fortnight and one once a month. The limit has now been reached so that it will not be possible to provide more professional services for Centre work without an increase of the staff.

The educational part of the scheme of medical inspection has again not received the attention that it deserves, owing principally to pressure of other work.

I am, Ladies and Gentlemen,

Your obedient Servant,

JAMES WHEATLEY,

County Medical Officer of Health,
and School Medical Officer.

County Buildings,
Shrewsbury,
April, 1926.

AREA COVERED BY THE SALOP LOCAL EDUCATION AUTHORITY, NUMBER OF SCHOOLS, DEPARTMENTS, AND CHILDREN ON REGISTER.

The area covered by the Salop Education Authority comprises 858,277 acres, and had a population at the 1921 Census of 211,946. It is co-terminous with the Administrative County with the exception that the Borough of Shrewsbury is not included. The number of schools at the end of the year was 284, comprising 343 departments. The number of children on the registers necessarily varies from time to time to some extent. On December 31st, 1925, it was 30,082.

Chirk Bank School was closed on the 1st January, 1925, and Neenton on the 31st July, 1925.

STAFF.

- 5 Assistant School Medical Officers.
- 2 School Dentists.
- 1 Organiser of Physical Training.
- 2 Wholetime School Nurses.
- 10 Health Visitors undertaking school nursing.
- 90 District Nurses undertaking school nursing.
- 3 Dental Dressers and 1 Dental Helper.

CO-ORDINATION.

The School Medical Officer being also the County Medical Officer, complete co-ordination of the School Medical Services with the other services of the County, viz., Child Welfare, Tuberculosis, and Venereal Disease, and with the work of District Medical Officers of Health is readily brought about.

- (1) *Infant and Child Welfare*.—The same Medical Officers act for both services ; the same nurses are health visitors and school nurses ; and the School Clinics and Child Welfare Centres are held on the same day, in the same building and under the same Medical Officer.
- (2) The Orthopaedic After-Care Centres are held on the same day and in the same building as the School Clinics and Child Welfare Centres, and the Assistant Medical Officers, Health Visitors and School Nurses are in close touch with the work.
- (3) Co-ordination with the Tuberculosis Scheme is close ; see page 8.
- (4) Medical Inspection is closely associated with school attendance through the School Attendance Officers, who attend the medical inspections as required, and have been specially instructed.

The co-ordination of the care of debilitated children under school age with the activities of the school medical service is obtained under Section 1, 2 and 3.

HYGIENIC CONDITION OF SCHOOLS.

The effect on school children of the hygienic condition of schools is twofold—the direct effect upon the health of the child and the effect upon the mind producing impressions and habits which may endure throughout life. It is difficult to say which of the two is the more important ; habits and impressions, partly due to the character of the school environment and partly due to the teaching and training should have a profound influence on health.

Cleanliness of the school premises acts in both ways, and is extremely important. Taking the schools as a whole the standard of cleanliness is undoubtedly low.

The establishment of a higher standard of cleanliness is worthy of most careful consideration by the Education Authority.

The healthiness or otherwise of a school depends upon the facilities provided and the way they are used. Perhaps the gravest examples of misuse are in connection with ventilation of the rooms and spacing of the children. In order to maintain the healthiest conditions possible in any given schoolroom much attention should be given to obtaining circulation of air throughout the room, and at the same time the children should be separated so far as floor space and desk accommodation allow. By these precautions the general tone of the children is improved, minds become more alert and educable, and the opportunities for the spread of infection are much lessened. Merely looked upon from an educational standpoint it is well worth the teacher's while to give some thought to this subject.

It must be recognised, however, that it is impossible to ventilate a school properly in winter if the rooms are not warmed sufficiently and if the children are underclothed and underfed. The teacher should make it a part of his business to see that the caretaker does all in her power to get the school reasonably warm before school hours. He should also advise any child who is cold in school to put on his overcoat.

Apart from the internal condition of the school, a good water supply and good playgrounds and playing fields are the most important matters. Research and experience are both pointing to the fact that free drinking of water is essential for health, and that much disease is caused from the breaking of this health law. In many parts of this County the habit of drinking water (not tea, beer or cider) is not general, as it should be, owing to a great extent to the defective and objectionable character of the water supplies. At school a plentiful supply of wholesome water should always be available, and the children should be taught to drink water freely, instead of the decoctions of tea, etc., that they frequently bring with them. Where there is not a wholesome supply of water laid on to a school and until such a supply is provided, it should be a duty of the school authority to see that an ample supply is carried each day to the school and stored in a covered vessel placed conveniently for access, and provided with a tap for drawing off. The supply should be ample for drinking and washing the utensils, and should not be less than one pint for each child.

The provision of proper playgrounds and playing fields is a fundamental requirement that has been much neglected in the past, with great detriment to the present generation.

The following paragraph was forwarded to the Managers of schools in November, 1924 :—

“ The Medical Inspection Committee of the Local Education Authority has observed with much pleasure that there are persons who have the interests of scholars so much at heart that they allow scholars to play games in fields and grounds belonging to them and that there are many Teachers who are equally interested and supervise the games out of school hours, showing the children how to play games. The School Medical Officer is of opinion that the playing of games under supervision is of great value from the standpoint of the physical well-being of the child, and the Committee agrees entirely with this view. The Committee would like to see the provision of accommodation for scholars' games much extended, and it is hoped that Managers and Teachers will do all they can to influence those who have fields or grounds suitable and available for games to lend them for so desirable a purpose.”

Some more effective action is very desirable.

EDUCATIONAL WORK OF MEDICAL OFFICERS AND OTHERS.

This is being developed and should become a very powerful influence in public health education.

In its final result, probably it is the most important work of the medical officers. It is essentially preventive, but, unfortunately, in its results, it cannot be stated in definite terms like the number of children inspected and treated. Being somewhat intangible and not being made a definite requirement of the Board of Education, it is apt to be to some extent overlooked. It calls for much thought, enthusiasm and energy on the part of the medical officers, and it also occupies a considerable amount of time. It is always the first work that suffers if the medical staff is insufficient.

Since the five medical officers were appointed in July, 1923, no less than four Welfare Centres and one School Clinic have been started. In addition, they have undertaken certain work under the Mental Deficiency Act, and have been given the duty of supervising the work of the health visitors and of examining supplementary teachers. Also the medical attendance of the Wellington Babies Home has been placed upon one of the Medical Officers. In consequence the educational work has suffered a good deal and it has not been possible to offer to supply medical services, for two or more contemplated centres. It is impossible to increase the number of centres or clinics or to carry out the educational work satisfactorily with the existing staff.

The addresses given by the Assistant School Medical Officers during the year to the children were :—

By <i>Dr. M. Blake</i> :	Fresh Air	3	Clothing and Ventilation ..	1
	Dental Caries	11	Sleep and Personal Hygiene ..	1
	Goitre	3	Exercise, Rest and Sleep ..	1
	Sleep	6	Use and Effects of Exercise ..	1
	Infectious Colds	2	Sunlight	1
	Clothing	1		
			Total ..	31

By <i>Dr. L. W. Evans</i> :	Friends and Enemies		Food, Fresh Air and	
	of Health	4	Cleanliness	2
	The Care of the Teeth	12	Food, Fresh Air and Exercise	2
	"Healthland"	21		
			Total ..	41

By <i>Dr. K. Priestley</i> :	Defective Clothing ..	8	Dental Caries, Defective Clothing	
	Prevention of Dental		and Prevention of Constipa-	
	Caries	6	tion	1
			Total ..	15

By <i>Dr. A. D. Symons</i> :	The Value of Vegetables	1	Food Values	1
	"How you don't catch		Colds	1
	cold"	1	Diet	1
	Teeth and General			
	Good Health	1	Total ..	7
	Fruit and Vegetables	1		

By <i>Dr. Astley-Weston</i> :	Correct Breathing ..	1	Cleanliness of Teeth ..	2
	Care of the Teeth and			
	Correct Standing ..	1	Total ..	4

By <i>Dr. W. Taylor</i> :	How Infection is spread	13	Sleep and Health	2
	Goitre and its Preven-		Care of the Teeth	3
	tion	15		
	Nose Breathing and		Total ..	35
	Mouth Breathing ..	2		

The educational work here referred to may with advantage be dealt with in detail, as it affects the different groups of persons concerned with child life.

Teachers.—One becomes more and more impressed with the fact that comparatively little progress can be made in improving the hygiene of school life unless the teacher is thoroughly interested in the physical condition of the children and reasonably well informed concerning the important principles governing the health of the child. Many teachers have had no training in hygiene, but even those who have need the constant advice and help of the School Medical Officers. The Medical Officer should, whenever time permits, talk to the teachers on some important branch of hygiene with the object of enabling them to maintain better school conditions, and to teach and train the children in healthy living. The school conditions here referred to are not only those connected with the construction and cleanliness of the school, but personal cleanliness, attitude of the body both at the desk and during standing and exercise, the prevention of mouth breathing, the suitability of the midday meal and how it should be eaten, the importance of spacing the children so as to minimise infection, and many other matters. These can all be illustrated by actual conditions in the schools or put in such a form that it can be embodied in the training of the children.

Medical officers will often find that a good plan is to go through and explain to the teachers the various leaflets on cleanliness, ventilation, prevention of decay of teeth, etc., that have been issued from time to time to them.

It will probably be found desirable to extend this method of giving instruction on health matters to teachers.

The teachers can utilise this knowledge not only in improving the general school hygiene, but in teaching and training the children. Matters like ventilation, warmth, cleanliness and other kindred things can be put in the hands of monitors to report upon and regulate so far as it is in their power. A daily inspection of cleanliness of the hands and clothes of the children is of great use as not only a means of enforcing cleanliness but of pointing out the value of cleanliness in promoting health. The midday meal may be made the occasion for imparting and exemplifying much valuable knowledge on food and how it should be eaten. The interval for play should be the time for showing the children the necessity for exercise sufficiently strenuous as to cause complete expansion of the chest and real exercise for the heart. The teachers should also see that the children develop a correct style of walking and running. It is upon this that the proper development of the arch of the foot depends and consequently to a considerable extent the activity and health or otherwise of the person throughout life. It should be pointed out that the interval for play is the time too, for water drinking, rather than at meal times. A teacher will not do this work, nor is he in the position to do it unless he is stimulated and informed by the Medical Officer. Some years ago I lectured to most of the teachers in the County on the prevention of decay of teeth and with very good results, but it is essential that the main points in this work should be gone over with the teachers at least once a year.

Real progress, however, will not be made by teachers who do not recognise that the children as a whole are under their charge, and that there can be no true education unless the physical needs are properly met.

Parents.—A good deal can be done in talks to the parents. It is true that time for this work is limited and the hygienic advice that can with advantage be given is mostly such as is particularly applicable to the child under consideration. In most defective conditions, such as defects of eyes, nose and throat, teeth, general malnutrition, rheumatism and anaemia, the general advice that is necessary goes, however, far beyond the remedy of the particular defect. The advice, too, is much more apt to be acted upon, because it is given with special reference to the defect of their own child.

School Children.—Whenever time and other conditions permit, an opportunity should be taken for speaking to the older children on some health matter of importance.

School Nurses.—The opportunity should always be taken to see that the nurse benefits by attendance at school inspections. It may be only that she can listen to and absorb what is said to the parents, teachers or scholars : or the Medical Inspector may find time to talk to the nurse on some important matter of school or general hygiene. It must always be remembered that the nurses have not had a real grounding in hygiene based on physiology, and that this defect should be remedied by the School Medical Officer so far as lies in his power. The nurses in their turn have great opportunities in the homes of the people.

School Attendance Officers.—The training of these officers is a different matter and is directed to different ends. They can be of considerable help in preventing verminous conditions and in seeing that routine instructions for minor ailments, particularly skin conditions, are not neglected.

In order to fit them better for their work they attended a conference in Shrewsbury and were taken over most of the important matters by the School Medical Officer.

Sir George Newman, in his Annual Report for 1924, said that for the children under 11 there should be daily a simple and practical lesson directed to the formation of healthy habits : that for the children over 11 there should be a systematic instruction in hygiene as a definite subject every week, and that the training of the teacher in the training college should be both appropriate and efficient.

He also said that the teaching of hygiene should fall to the lot of the ordinary school teacher.

It is quite obvious that the great difficulty is the lack of training in hygiene of the majority of school teachers, and the great problem is to what extent and how this can be got over. I would submit that in addition to improving the teaching of hygiene in the training colleges the only practical scheme is to provide courses of lectures for the teachers at about half a dozen centres in the County. The course might comprise anything between six and twelve lectures, and would give the teacher some insight into hygiene and its teaching to school children.

Undoubtedly the systematic teaching of health to school children must be undertaken by the school teacher, yet there is also a very great advantage in having talks by specialists. These can often deal very effectively with certain aspects of school hygiene, and not only can they be made to influence the children but be an inspiration to the teacher.

ARRANGEMENTS MADE FOR MEDICAL INSPECTION.

For the purpose of inspection, the County is divided into five areas—one for each Assistant School and Child Welfare Medical Officer. Routine examinations are made at the ages of 5, 8 and 12, and in addition the children under five and all children brought forward by the teacher or nurse have been examined.

The reason for the systematic examination at 5, is to provide uniform and comparable results. The possibility of overlooking something at an earlier age, is got over by making a superficial examination on entry.

The children found defective on previous occasions are re-examined at each inspection until declared well.

	93	schools	were	visited	once	only	during	the	year.
195	„	„	„	twice	„	„			
56	„	„	„	three	times	„	„		

SCHOOL NURSES.—Ninety part-time nurses have been employed in connection with 205 school departments ; 87 of these nurses are working for Associations connected with the Shropshire Nursing Federation ; one nurse is employed by an unaffiliated Association, and 2 are working on their own account.

Number of children attended by—

District Nurses acting as School Nurses	..	..	16,371
Whole-time School Nurses	..	..	5,421
Health Visitors	..	..	6,545
Nurses working on their own account	..	..	2,025

PEDICULOSIS.—The instructions given to the school nurses are to examine the heads of the children each term, that is three times a year, and to follow up the verminous children so as to get them clean before the end of the term. The inspection in the following term is to be begun *de novo*. So far as the returns show, there appear to have been 994 primary inspections and 1875 following up inspections. At the primary inspections 82,963 children were examined and 6,187 were found verminous, or a percentage of 7.5.

These figures compare with 85,779 children examined in 1924, of whom 6,872 or 8.0 per cent., were verminous, and a percentage of 9.0 in 1923, 9.9 in 1922, 12.3 in 1921, and of 14 in 1920.

The following figures show the results of the examination of heads at the first and following up inspections. It must be remembered that on the second and subsequent inspections only those found verminous or absent at the first inspection are examined :—

First Inspection.—Number examined 82,963. Verminous 6,187.

Subsequent Inspections :—

	2nd inspection.	3rd inspection.	4th inspection.	5th inspection.
Verminous	3357	1157	352	77
Absent	1331	659	184	142

These figures undoubtedly show a real improvement.

The total number of children found verminous during the year at one time or another was estimated at 4,721 or 15 per cent. This is about double the number verminous at any one time.

The following paragraphs taken from last year's report indicate the policy now adopted :—

The time has now arrived when verminous conditions can no longer be tolerated, and when the procedure of separation in school, exclusion and finally prosecution should be strictly carried out in accordance with instructions. Proceedings in connection with the radically verminous children who are the source of the trouble should be commenced at the beginning of the term instead of waiting until the third inspection. These children should now be well known.

It is the policy to give every assistance and advice before prosecuting, and summonses are only issued as a last resort. There can be no doubt, however, that prosecutions are an essential part of any scheme for getting the children's heads clean. Without them the really careless and dirty people will continue to be dirty and verminous and be a constant danger to the clean part of the school. There can be no doubt, too, that the new policy of proceeding to exclusion and prosecution in the essentially verminous cases at the beginning of the term is now the sound one.

Legal proceedings were taken in 30 cases—At Oswestry, Wellington, Baschurch, Newport, Market Drayton, Ludlow and Ellesmere. Fines ranging from 2/6 to 10/- were imposed in all the cases.

My general remarks in last year's report may be repeated with advantage. Their truth has been confirmed by further experience.

The prevention of verminous conditions depends upon :—

- (1) The influence and teaching of the teachers and their cordial and active co-operation with the school nurses.
- (2) The efficiency of the routine measures taken in the school by the school nurses.
- (3) The steps taken by the nurses and attendance officers, etc., outside the school to get the children clean and to punish neglectful parents.

I am inclined to think that these three lines of action are placed here in their order of importance.

The influence of the teachers on the cleanliness of the children was dealt with fully in the report for the year 1922, and an extract was forwarded to all the Schools in the County.

The Public Health Act, 1925, gives certain powers to Sanitary Authorities to deal with verminous conditions. The attention of Sanitary Authorities has been called to these powers in the following terms :—

It is not infrequently found by the School Medical Officers of the County that their work in attempting to get school children free from vermin is often rendered futile by the fact that the children are re-infected at home after being cleansed.

As you are no doubt aware Sections 45, 46, 47 and 48 of the above Act *confer power* on Local Sanitary Authorities to deal with verminous articles, houses and persons, and the County Council desire me to ascertain whether your Authority would consider them and give instructions accordingly to their Inspector, so that when verminous conditions are brought to his knowledge either through the School Medical Service or otherwise, he can take action.

DEFECTS OF NOSE AND THROAT.—There were 893 children with defects of the throat and nose requiring treatment amongst those examined, and 730 children suffering from minor conditions and needing to be kept under observation. Of those requiring treatment 396 were suffering from enlarged tonsils, 123 from adenoids and 348 from both enlarged tonsils and adenoids.

Of the 9,841 children of the Code groups examined, 705 or 7.2 per cent. required medical treatment.

The probable causation of adenoids and enlarged tonsils has been discussed in previous reports. The preventive measures suggested are :—

- (1) Free exercise of the jaws in mastication during the formative period. In all probability this gives a greater widening of the jaws and consequently better spaced air passages and a more vigorous circulation of blood and lymph to the parts.
- (2) The lessening of infection by freer ventilation of the schoolrooms, separation of the children and greater cleanliness.
- (3) Special personal measures directed to keeping the nose free from discharge and the mouth closed during breathing.

It cannot be said that the theories of causation underlying these suggestions are absolutely proved, but there is sufficient ground for advocating these measures.

It is probable that we now have a greater uniformity amongst the Medical Officers in recording throat defects and recommending operation.

TUBERCULOSIS.—Cases of phthisis amongst school children during the year were discovered in one of two ways : either in the examination of children referred by the teachers and nurses or picked out by the Medical Inspectors ; or in the examination of children belonging to phthisis houses, all of whom are systematically examined by the Medical Inspectors.

<i>Examination of Children from Phthisis Houses by the Medical Inspectors.</i>				
No. of children belonging to phthisis houses.	Not yet examined.	No physical signs.	Phthisis.	
620	147	460	Suspected. 9	Diagnosed. 0

9

The 9 cases, together with 86 others picked out by the medical inspectors, teachers, nurses, etc., were referred to the Tuberculosis Officers.

Total number of School Children examined by the Tuberculosis Officers.

No. of Children.	No physical signs.	Phthisis. Diagnosed.	Phthisis. Suspected.	Other forms of Tuberculosis.	Refused examination.
317	231	28	25	30	3

By these means all children known to have come into close contact with a case of pulmonary tuberculosis or showing any signs of failing health without obvious cause, and all school children with any suspicious signs of tuberculosis are brought before the Tuberculosis Officers. The new examination centres have been found most useful for this purpose.

RINGWORM.—Of the children examined by the Medical Inspectors 23 were found to be suffering from ringworm of the scalp.

In addition, 177 cases have been notified by the teachers. These were not usually based on medical opinion.

The figures seem to show that ringworm is not nearly as prevalent in the schools as it was before the war.

Hairs were submitted to Birmingham University, with 110 positive results and 80 negative results.

When authorised by the School Medical Officer, children suffering from ringworm are now admitted to school, if the parent undertakes to carry out certain stringent precautions. It is also an essential condition of admission that the teacher shall undertake to see that the precautions are carried out.

Eye Defects.—These include defective vision, squint and external eye defects.

There were 642 children with defective eyesight and squint requiring treatment, and 306 with lesser degrees of defect that needed to be kept under observation. Of the children requiring medical treatment, 548 were belonging to the code groups, and 94 were special cases. The children aged 5 are not systematically examined for eyesight, so that the code group cases are mostly aged 8 and 12. The percentages amongst these children needing medical treatment was 7.7. The pre-war percentages at the age of 12 were :—

Year	..	..	..	1908	1909	1910	1911	1912	1913	1914
Percentages of defects	..	..	..	15.5	14.7	13.3	11.8	14.5	18.2	19.4
Post-war percentages :—										
Year	..	..	..	1919	1920	1921	1922	1923	1924	1925
Percentages of defects	..	..	..	10.0	10.2	8.5	7.6	7.5	8.2	7.9

Leaflets for the use of teachers, parents and health visitors dealing with squint, myopia and aural defects were printed in the report for 1922, and reference can be made to that report for them.

Teachers are supplied with copies of the leaflet which emphasises the kind of teaching which should be given in school, and the health visitors and school nurses are supplied with copies of the leaflets which were drawn up specially for the use of parents.

Ear Disease and Hearing.—Seventy-eight routine cases and 15 special cases were referred for treatment for these conditions. These figures are a considerable reduction on those of the previous year, both in the code groups and the special inspections.

No attempt has been made to analyse discharge from the ear with regard to causation, but experience has shown that a large number of cases are due to measles or other throat affections in children with adenoids.

Dental Caries.

The following tables show percentages of dental caries at the various age periods amongst the children examined :—

RESULT OF ROUTINE INSPECTION BY THE MEDICAL INSPECTORS.

DISTRICT.	AGE 5.					AGE 8.					AGE 12.				
	Decayed Teeth.			Children free from Caries.		Decayed Teeth.			Children free from Caries.		Decayed Teeth.			Children free from Caries.	
	No. of Children.	Number.	Average per child.	Number.	Percentage	No. of Children.	Number.	Average per child.	Number.	Percentage	No. of Children.	Number.	Average per child.	Number.	Percentage
Dr. Blake	559	2361	4.2	149	27	613	2755	4.5	70	11	741	1634	2.2	188	25
Dr. Priestley	653	2604	4.0	147	23	632	2140	3.4	93	15	760	1077	1.4	276	36
Dr. Taylor	513	1166	2.3	225	44	550	1600	3.0	108	20	584	914	1.6	235	40
Dr. Symons and Dr. Weston	488	1045	2.1	216	44	418	1266	3.0	107	26	457	646	1.4	187	41
Dr. Evans	563	1544	2.7	197	35	499	1359	2.7	112	22	590	744	1.3	251	43
	2776	8720	3.1	934	34	2712	9120	3.4	490	18	3132	5015	1.6	1137	36

The percentages of decayed teeth are almost exactly the same as in 1924. They correspond, too, very closely with the percentages found by the dentists, except at the age of 5, where there is a difference of 20 per cent.

Results of Inspection :—

(1) By the Dentists—

Age	Under 5	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed	1.7	2.5	3.2	3.2	3.0	2.7	2.3	1.8	1.6	1.8	2.1

(2) By Medical Officers— of Secondary School

Children	—	2.6	—	4.3	3.7	3.1	2.8	1.7	1.9	1.7	1.5
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Average number of decayed teeth per child found by the Medical Inspectors in the years

1919—1924 :—

Year	Age 5.	Age 8.	Age 12.
1919	2.1	3.6	2.1
1920	2.16	3.8	2.1
1921	2.5	3.5	1.9
1922	3.0	3.6	1.7
1923	3.4	3.6	1.7
1924	3.0	3.3	1.6
1925	3.1	3.4	1.6

This table is of great interest, showing as it does that there was a steady increase of dental caries from 1919 to 1923 at the age of 5, and a steady decrease at the age of 12 from 1921 up to the present time, and that caries at the age of 8 has remained stationary. The decrease at the age of 12 may probably be attributed to treatment. Although lost teeth and stopped teeth are counted as decayed teeth, these extractions, stoppings, and other minor operations do often prevent other teeth becoming decayed. The increase of caries at the age of 5 must, I think, be attributed to the passing away of war food conditions—restricted amount of sugar and coarser bread. The amount of caries at this age period has remained stationary since 1922, at a figure about 44 per cent. below pre-war years. The amount of caries at the age of 12 is 33 per cent. of the pre-war amount.

The amount of caries in secondary school children was greater than that amongst elementary school children.

Crippling Defects.—The numbers of these defects found at the routine medical inspections were :—rickets 10 ; spinal curvature, 112 ; other forms, 226. A very small proportion of these were referred for treatment other than special attention in school and school exercises. Probably the most important of school deformities are flat feet and spinal curvatures, and in their effect upon the future health of the individual flat feet is the most important deformity of all.

The cases of school children admitted to the Shropshire Orthopaedic Hospital have been analysed in accordance with causation and show that :—

29	or	26.6	per cent.	were due to	tuberculosis.
21	„	19.3	„	„	poliomyelitis.
4	„	3.7	„	„	rickets.
6	„	5.5	„	„	congenital deformities.
17	„	15.6	„	„	other deformities—postural or of doubtful causation.
4	„	5.5	„	„	injuries and diseases probably arising at birth, including spastic paraplegia and diplegia.
18	„	16.5	„	„	infections other than tuberculosis.*
10	„	9.2	„	„	other accidents and diseases.

* Includes Rheumatoid Arthritis, Osteo-Arthritis and Osteo-Chondritis.

This classification of cases in accordance with causation is extremely instructive. Tuberculosis, rickets, postural deformities and infections other than tubercular must be looked upon as eventually preventable, and most of the conditions here mentioned are comparatively easily cured if got under treatment at the very beginning of the disease. This particularly applies to poliomyelitis, rickets, congenital deformities, and to a considerable extent it applies to cases of tuberculosis. The paralytic conditions arising from child-birth are possibly also preventable. A systematic inquiry into these cases would well repay the trouble.

Many of the tuberculous cases come under notice after considerable damage has been done, the cause of the trouble not being recognised in the early stages.

Goitre.

DISTRICT.		Boys.			GIRLS.			Total.
		Entrants.	Intermediates.	Leavers.	Entrants.	Intermediates.	Leavers.	
Dr. Priestley— Oakengates, Dawley, Madeley, Newport and Drayton.	No. of Children Cases of Goitre ..	395 0	371 0	368 0	393 0	336 0	391 1	2254 1
Dr. Blake— South of the County ..	No. of Children Cases of Goitre ..	430 1	309 1	366 4	443 3	346 3	383 15	2277 27
Dr. Evans— Oswestry and Ellesmere ..	No. of Children Cases of Goitre ..	375 0	287 1	342 1	347 0	275 2	264 10	1890 14
Dr. Symons— Wellington, Ironbridge, Broseley .	No. of Children Cases of Goitre ..	292 0	218 1	229 2	296 0	237 1	248 12	1520 16
Dr. Taylor— Atcham, Whitchurch, Bridgnorth, Wem.	No. of Children Cases of Goitre ..	372 0	301 2	305 4	318 0	305 3	299 20	1900 29
Totals		1864 1	1486 5	1610 11	1797 3	1499 9	1585 58	9841 87

The amount of goitre in school children as shown by this table is not large. Judging by the amount of goitre one sees in adults, particularly in young adult women, by far the larger proportion of obvious goitres must develop after school age.

It is, I think, conclusively proved that the principal basal factor in the production of goitre is the insufficiency of iodine to meet the demands of the body.

The suggested subsidiary causes are :—

- (1) Those interfering with the absorption or utilisation of the iodine taken into the body :
 - (a) infections—probably contamination of water and food with bacillus coli.
 - (b) excess of fat in food.
 - (c) excess of calcium—hard waters.
- (2) Increased demands for thyroid secretion :
 - (a) during pregnancy and lactation.
 - (b) during adolescence.
 - (c) amongst girls compared with boys.

These additional causes of goitre give a rational explanation of the fact that even in a district very deficient in iodine, only a certain proportion of the population suffers from goitre.

Nutrition—Heights and Weights, etc. :—

Age.	Total No. of children measured and weighed at the various ages.	HEIGHTS.			WEIGHTS.			Measurements made by British Association for Advancement of Science in 1883.	
		Town Schools.	Country Schools.	Total.	Town Schools.	Country Schools.	Total.	Hts.	Wts.
		Inches.	Inches.	Inches.	Lbs.	Lbs.	Lbs.	Inches.	Lbs.
BOYS.									
5	1381	41.3	41.9	41.7	39.9	39.8	39.9	41.0	39.9
6	304	43.5	43.7	43.7	42.6	44.3	43.9	44.0	44.4
8	1328	47.6	47.9	47.8	52.4	53.4	53.1	47.1	54.9
9	90	48.1	48.9	48.8	57.4	56.8	57.1	49.7	60.4
12	1498	54.5	55.1	54.9	73.1	75.4	74.7	55.0	76.7
13	66	57.3	56.8	57.0	83.6	81.2	82.4	56.9	82.6
GIRLS.									
5	1287	40.9	41.4	41.2	38.2	39.3	39.0	40.6	39.2
6	312	42.8	43.5	43.3	41.2	42.7	42.4	42.9	41.7
8	1387	47.5	47.5	47.5	50.5	51.2	51.0	46.6	52.1
9	82	48.1	49.5	49.3	56.0	56.3	56.2	48.7	55.5
12	1514	55.2	55.6	55.4	73.1	75.7	75.0	55.7	76.4
13	54	55.3	56.9	56.6	76.3	83.9	82.4	57.8	87.2

SECONDARY SCHOOLS.

Ages.	No. of Children.	Boys.		No. of Children.	GIRLS.	
		Heights.	Weights.		Heights.	Weights.
		Inches.	Lbs.		Inches.	Lbs.
10	18	54.3	65.7	37	53.6	67.9
11	56	55.7	72.2	71	55.0	73.8
12	119	55.7	78.0	107	57.6	83.8
13	25	59.4	88.8	37	60.2	93.4
14	34	61.7	97.9	42	61.2	104.6
15	123	63.0	107.0	126	62.1	108.1
16	23	66.1	123.6	39	62.7	115.1
17	12	67.4	132.1	39	63.6	119.8

These tables again show on the whole better nutrition of children in the country than in the town schools, and in the secondary schools than in the elementary schools.

The only ages at which we can compare the elementary with the secondary school children are the ages 12 and 13. At these ages the secondary school boys show an advantage of 5.1 per cent. and 7.8 per cent., and the girls 11.7 per cent. and 13.3 per cent.

For many reasons it is desirable that one should be able to form an accurate estimate of the relative nutrition of town and country children.

Speaking generally nutrition is dependent principally upon the kind and quality of food. Food is by no means, however, the only factor—the other important influences being the healthiness of surroundings, amount of exercise, exposure to fresh air and sunshine, rest, and sleep. None of these will produce satisfactory nutrition if the food is insufficient or unsuitable, but if unsatisfactory they will interfere with nutrition even though the food is entirely suitable. It is obvious, therefore, that in comparing the nutrition of town and country children we must be careful not to assume that the differences are due entirely to differences of food supply. Probably the diet of school children depends primarily on two factors—the economic factor and the intelligence and knowledge of the parents.

Apart from the amount and quality of the food the points favouring the nutrition of country children are (1) greater healthiness of surroundings, (2) more fresh air and sunshine, (3) probably on the whole more sleep, (4) the longer walk to and from school—this, I am convinced, is on the whole beneficial, although occasionally harmful. The chief point telling against country children is that they cannot get home to their mid-day meal. The average of town children, in addition to suffering by comparison in the particulars mentioned, is no doubt lowered by a slum population which has nothing quite corresponding to it in most rural districts. The economic factor, perhaps the most important of all, is rather difficult to assess. The average wage is considerably higher in urban districts, and the families are larger in rural districts. Living is, however, cheaper in rural districts, and the money is probably, as a general rule, better spent, and moreover, unemployment is less common in rural districts. On the whole the economic factor apart from waste is probably considerably in favour of urban districts.

Country children have a distinct advantage in being able to get more readily both fresh fruit and green vegetables, but to what extent they avail themselves of their opportunities in this respect it is difficult to assess. There is no doubt whatever that town children are very short indeed of these most necessary articles of food.

An attempt has been made to compare in detail the nutrition of town and country children. For this purpose the weight of the children only has been considered. Although weight is an unsafe guide for an individual child, it is a good guide when applied to large numbers of children of the same race and locality. There is no reason to suppose that these groups of children have any inherent differences, and the converse may be assumed with some confidence that their differences in weight are due to difference of environment.

The figures in the town and country schools for the years for which they are available are as follows :—

AVERAGE WEIGHTS IN AGE GROUPS 5, 8 AND 12, IN YEARS 1909, 1910, 1911, 1912, 1913, 1923, 1924 AND 1925.

BOYS.

				AGE 5.		AGE 8.		AGE 12.	
				Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
Year				lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Pre-war	1909	..	..	39.5	39.2	..	..	72.3	70.9
	1910	..	..	39.2	38.9	..	..	72.0	71.4
	1911	..	..	39.4	38.5	..	..	73.4	71.7
	1912	..	..	39.3	39.0	..	..	72.8	71.0
	1913	..	..	39.8	39.1	..	..	73.2	71.4
Post-war	1923	..	..	40.2	39.7	53.3	51.5	74.0	71.3
	1924	..	..	40.3	39.5	53.2	52.1	73.7	72.2
	1925	..	..	39.8	39.9	53.4	52.4	75.4	73.1
Average for Pre-war years				39.4	38.9	..	..	72.7	71.3
,, Post-war years				40.1	39.7	53.3	52.0	74.4	72.2

GIRLS.

				AGE 5.		AGE 8.		AGE 12.	
				Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
Year				lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Pre-war	1909	..	..	38.25	37.3	..	..	74.2	71.1
	1910	..	..	38.2	37.9	..	..	73.3	71.1
	1911	..	..	38.4	37.8	..	..	73.9	70.6
	1912	..	..	38.5	38.0	..	..	73.9	71.1
	1913	..	..	38.4	37.8	..	..	73.6	72.2
Post-war	1923	..	..	38.8	37.6	51.2	50.4	75.6	72.5
	1924	..	..	39.2	38.6	51.7	50.1	74.7	74.7
	1925	..	..	39.3	38.2	51.2	50.5	75.7	73.1
Average for Pre-war years				38.3	37.8	..	..	73.8	71.2
,, Post-war years				39.1	38.1	51.4	50.3	75.3	73.4

It is satisfactory that the post-war weights were higher than the pre-war weights in both sexes at both age periods, and in both town and country schools.

It is interesting to observe that with one small exception not only the average for the seven years, but in each of the seven years in both sexes and in the three age periods the weight of the country children was in every case higher than that of the town children.

It was felt, however, that a closer comparison was needed. Possibly the higher average weight of country children might be due to a comparatively small number of very robust children ; or that the lower average of town children might be due to a number of very puny children from the slums. It seemed, therefore, that better results would be obtained by selecting typical town and country schools and by comparing the percentages of children falling in various groups.

The groups selected were—

- (1) Containing all the children who were within 10 per cent. of the average weight—either above or below.
- (2) (named B in the Table) children who were from 10 per cent. to 20 per cent. below the average.
- (3) (named A in the Table) children who were from more than 20 per cent. below the average.
- (4) (named C in the Table) children who were more than 10 per cent. above the average.

Group (1) may be neglected, as it gives us no information, not given in greater detail by (2), (3) and (4). The figures are given in the table below. They relate to 1,763 children examined at the routine ages of 5, 8 and 12 in the year 1925.

The results are almost consistently in favour of country children, but the differences are not nearly so marked as in the year 1924.

ALL AGES (5—8—12) COMBINED.

	Number of children.	A. Number of children who were more than 20 per cent. below the average expressed as a percentage of the whole.	B. Number of children who were 10—20 per cent. below the average expressed as a percentage of the whole.	C. Number of children who were more than 10 per cent. above the average expressed as a percentage of the whole.
Country Schools	707	5.5	15.1	21.8
Town Schools	1056	6.1	18.5	17.5
Town Schools sub-divided :—				
(1) Town Schools proper— Wellington, Oswestry, Drayton	506	6.7	21.3	20.0
(2) North of County-mining and agricultural.. ..	276	5.4	18.1	16.3
(3) Oakengates-mining and iron	274	5.5	13.5	14.2
Ages		5		
		A.	B.	C.
		8		
		A.	B.	C.
		12		
		A.	B.	C.
Country Schools		3.3	12.8	24.8
Town Schools		2.4	19.3	17.3
		3.2	13.6	20.5
		8.0	13.2	17.4
		9.8	18.8	20.0
		8.7	21.8	17.9

A.—More than 20 per cent. below average.

B.—10 per cent. to 20 per cent. below the average.

C.—More than 10 per cent. above the average.

DULL AND BACKWARD CHILDREN.—One hundred and seventy children were brought forward by the teachers as mentally dull, and were carefully examined by the Medical Inspectors. Only one of these was diagnosed as mentally defective.

An analysis of the results of inspection of the 169 dull and backward children shows the following causes :—

Insufficiency of Education	48
Physical defects—	
Adenoids and tonsils	8
Vision	2
Other defects	5
	—
Bad home conditions	15
Mental dullness (no apparent cause)	10
Suspected mental deficiency	75
No diagnosis of cause	8
	13
	—
	169

Perhaps the matter of most practical importance shown by these figures is the number who were dull and backward from insufficiency of education, namely, 48, principally due to late commencement of school life and to some extent to irregular attendance afterwards.

Special attention is being paid to those in whom the dull and backward condition was attributed to physical defects, with the object of getting these defects remedied.

The degree of retardation was estimated as follows :— $1\frac{1}{2}$ years, 3 ; 2 years, 96 ; $2\frac{1}{2}$ years, 13 ; 3 years, 42 ; $3\frac{1}{2}$ years, 4 ; 4 years, 9 ; 5 years, 1 ; 6 years, 1. In one case the degree was not stated.

Those retarded over three years come up automatically for special examination for mental deficiency.

Three hundred and two children diagnosed as dull and backward in 1921, 1922, 1923 and 1924 were re-examined this year. Twenty were diagnosed as mentally deficient ; of the others, 12 were doubtful cases of mental deficiency, 216 were found to have improved, 45 not improved, and in 9 cases no opinion was given.

INFECTIOUS DISEASE.

Action taken to detect and prevent Infectious Diseases, including reference to action under Articles 45 (b), 53 (b), and 57 of the Code of 1921.

A description of the scheme of notification of infectious disease from schools and of the measures taken to prevent the spread of infectious disease was given on pages 44, 45 and 46 of the report for 1914. This scheme is still in force.

All notifications of cases of measles in the schools are sent on to the Health Visitors, who make these cases the basis for further inquiries, give advice to the parent with regard to isolation and nursing and see that a doctor is called in if necessary. This work is carried out in close co-operation with the Medical Officer of Health of the District, to whom the Nurses report on individual cases.

All notifications of cases of infectious skin conditions are sent to the school nurses for them to give instruction and help to the parents in carrying out the routine treatment prescribed. Reports are required from the Nurses each month in cases of ringworm and every fortnight in cases of scabies and impetigo. The cases are also notified to the Attendance Officers, who report any of them where the treatment is not being carried out or where absence from school appears to be unduly prolonged.

All cases of sore throat where there is diphtheria in a school are sent to the School Nurse for swabbing, unless a special investigation is made by the Assistant School Medical Officer ; and in addition a letter is sent to the parent advising a doctor and pointing out the danger. Wherever a school is closed on account of diphtheria special forms dealing with diphtheria are sent to the Head Teacher to distribute one to each household.

Attention has previously been called to the practice of collecting the pens and pencils, mixing them and distributing them afresh each time instead of keeping one for each child. This certainly appears to be a very easy method of spreading diphtheria and possibly other diseases.

No attempt has been made to utilise the Schick test to find out the children who are susceptible to diphtheria and to immunise them. Under present conditions in elementary schools anything like a general application of the test would probably be impossible. Under certain conditions, however, the protection afforded by the test and the immunisation should be offered to the parents.

Whenever there is a serious outbreak of scarlet fever in a school, leaflets pointing out the symptoms, the dangers from, and the precautions that should be taken against scarlet fever are sent to the Head Teacher for distribution to every household, and also letters for those homes where there are children suffering from sore throat, vomiting and headache, rash or discharge from ears, advising isolation and that a doctor should be called in without delay.

During serious outbreaks of influenza, leaflets on the lines of that issued by the Ministry of Health are immediately forwarded to the school for distribution.

There can be no doubt that these various measures have a distinctly good educational effect.

Under Article 53 (b), 801 certificates of exclusion from school for infectious disease and other conditions have been sent in :—

99	on account of	impetigo.
59	„	ringworm of scalp.
32	„	ringworm of body.
45	„	scabies.
13	„	tuberculous glands.
72	„	suspected phthisis.
41	„	diagnosed phthisis.
6	„	tubercular peritonitis.
18	„	bronchitis.
17	„	anaemia.
46	„	debility.
6	„	verminous conditions.
120	„	mumps, chicken-pox.
33	„	influenza.
6	„	chorea.
10	„	rheumatism.
7	„	otitis media.
13	„	bronchial catarrh.
158	„	various conditions.

Closures of Schools :—(a) *by Education Authority*—Sixty-five schools were closed for the following reasons :—12 for measles, 4 for whooping cough, 5 for scarlet fever, 2 for diphtheria, 5 for chicken-pox, 8 for mumps, 26 for influenza and 3 for coughs and colds.

(b) *by Sanitary Authority* :—Ditton Priors—mumps ; Priors Lee Infants'—measles.

FOLLOWING UP.

The whole of the following-up, except with occasional help from voluntary helpers and assistance from the School Attendance Officers in the minor skin conditions, is done now by the School Nurses.

Statement showing visits of nurses in following up cases to bring about treatment :—

	No. of cases.	No. not visited.	Total visits.
District Nurses	3329	676	7563
Two whole-time Nurses	522	17	2514
Health Visitors	1243	214	1587
Total ..	5094	907	11664

FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

At Hospitals—

(1) For Eye, Ear and Throat Defects—letters of recommendation provided for :—

Eye, Ear and Throat Hospital, Shrewsbury.

North Staffordshire Royal Infirmary, Stoke-on-Trent.

Worcester Eye Hospital—eye defects only.

(2) For Throat Defects—

The Lady Forester Hospital, Broseley, Ludlow Cottage Hospital, Oswestry Cottage Hospital, Wellington Cottage Hospital, the Bridgnorth and South Shropshire Infirmary and Kidderminster Hospital—payment made for the operation for tonsils and adenoids.

(3) For Deformities—

At Shropshire Orthopaedic Hospital—patients paid for under the tuberculosis scheme, and the scheme for the medical treatment of school children.

At Clinics or Schools—

Eye Clinic at Oswestry, attended by a practitioner.

Occasional Eye Clinics were held during 1925 at Whitchurch, Bridgnorth, Ludlow and Stokesay School, and attended by an Assistant School Medical Officer—Dr. Taylor.

Clinics for minor ailments at Oswestry, Oakengates, Wellington, Whitchurch, Ludlow, Bridgnorth, Newport and Dawley.

X-ray treatment of ringworm by a Specialist at Birmingham and by special arrangement with the Birmingham Education Authority.

Orthopaedic treatment at 16 After-care Centres provided by the Shropshire Orthopaedic Hospital.

The Orthopaedic Hospital with its After-care scheme has been the greatest possible help in the treatment of deformities of school children. By means of this scheme it has been possible to get prompt examination and treatment of every case where consent could be obtained.

The total number of letters of recommendation supplied by the County Council for the treatment of school children at the Salop Eye, Ear and Throat Hospital was 599. Five hundred and thirty of these were used for 529 children.

Attendance and Treatment at the School Clinics.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered

OSWESTRY.						
Skin—						
Ringworm—head	8	28	1687	25	11	..
Ringworm—body	3	18		21	..	..
Scabies	..	7	43	4	3	..
Impetigo	20	194	473	214	..	..
Minor Injuries	..	132	488	132	..	..
Other skin diseases ..	3	8	30	10	1	..
Ear Disease	10	5	85	4	11	..
Eye Disease (external and other)	19	13	111	24	3	5
Verminous conditions ..	..	81	137	81	..	..
Other conditions	10	28	83	22	10	6

OAKENGATES.						
Skin :—						
Ringworm—head	1	4	119	5	..	..
Ringworm—body	..	4	20	4	..	..
Scabies	..	4	11	4	..	..
Impetigo	4	23	74	18	9	..
Minor Injuries	1	96	270	69	26	2
Other skin diseases ..	2	10	66	2	8	2
Ear disease	7	25	263	12	14	6
Eye Disease (external and other)	1	12	20	9	4	..
Verminous conditions ..	..	28	44	28	..	..
Other conditions	7	263	583	125	127	18

NEWPORT.						
Skin :—						
Ringworm—head	1	5	53	5	1	..
Ringworm—body	..	12	81	12	..	..
Scabies	..	..	..	..	..	..
Impetigo	..	11	112	11	..	..
Minor Injuries	..	14	86	14	..	..
Other skin diseases ..	..	1	6	1	..	..
Ear disease	..	2	10	2	..	..
Eye disease (external and other)	1	1	5	1	1	..
Verminous conditions ..	..	2	6	2	..	..
Other conditions	..	5	12	4	1	..

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered

WELLINGTON.

Skin :—						
Ringworm—head	I	6	38	7	..	..
Ringworm—body	..	4	31	4	..	..
Scabies	..	3	3	3	..	..
Impetigo	I	18	61	19	..	..
Minor Injuries	..	17	86	16	I	..
Other skin diseases	..	35	120	35	..	..
Ear disease	11	21	437	21	11	..
Eye disease (external and other)	7	24	41	23	7	I
Verminous conditions	..	3	3	3	..	..
Other conditions	19	135	163	141	11	2

WHITCHURCH.

Skin :—						
Ringworm—head	..	15	1435	11	I	3
Ringworm—body	..	..	..	..	..	..
Scabies	..	2	9	2	..	..
Impetigo	..	8	73	8	..	..
Minor Injuries	..	11	111	10	..	I
Other skin diseases	..	2	7	I	..	I
Ear disease	4	7	206	3	4	4
Eye disease (external and other)	..	2	17	2	..	..
Verminous conditions	..	2	9	2	..	..
Other conditions	..	34	128	23	3	8

LUDLOW.

Skin :—						
Ringworm—head	2	I	9	I	..	2
Ringworm—body	I	3	13	3	I	..
Scabies	2	I	10	3	..	..
Impetigo	..	20	78	20	..	..
Minor Injuries	..	36	112	36	..	..
Other skin diseases	..	5	10	5	..	..
Ear disease	..	5	14	4	..	I
Eye disease (external and other)	..	9	24	5	I	2
Verminous conditions	I	I	17	2	..	..
Other conditions	14	130	316	22	39	4

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
BRIDGNORTH.						
Skin :—						
Ringworm—head ..	3	5	435	8	..	..
Ringworm—body ..	2	10	213	11	1	..
Scabies	1	..	51	1	..	..
Impetigo	..	14	132	14	..	..
Minor Injuries ..	..	41	276	41	..	..
Other skin diseases ..	2	31	385	32	1	..
Ear disease	4	5	178	9	..	..
Eye disease (external and other)	31	15	155	46	..	..
Verminous conditions ..	..	1	2	1	..	..
Other conditions	15	21	1335	31	5	..
DAWLEY.						
Skin :—						
Ringworm—head ..	..	8	109	8	..	..
Ringworm—body ..	..	5	31	5	..	..
Scabies	1	1	5	2	..	..
Impetigo	1	23	199	24	..	..
Minor Injuries ..	..	11	29	11	..	..
Other skin diseases ..	..	26	190	26	..	..
Ear disease	2	4	133	6	..	..
Eye disease (external and other)	2	10	47	12	..	..
Verminous conditions ..	..	1	6	1	..	..
Other conditions	19	189	550	179	15	14
Total for all Clinics, 1925 ..						
.. .. 1924 ..	244	2017	13020	1768	331	82
.. .. 1923 ..	195	1540	11662	1402	235	77
.. .. 1922 ..	312	1640	10034	1674	206	72
.. .. 1922 ..	347	1126	8197	1172	238	62

THROAT DEFECTS.

Hospital.	Number of Children seen.	Operated on.	Other treatment.
Salop Eye, Ear and Throat Hospital ..	86	84	2
Broseley Hospital	35	35	..
Oswestry Cottage Hospital	60	60	..
Ludlow Cottage Hospital.. ..	16	16	..
Bridgnorth Infirmary	2	2	..
Kidderminster Hospital	1	1	..
Total	200	198	2

Treatment of tonsils and adenoids at the Salop Eye, Ear and Throat Hospital has been limited during the year to two cases a week, owing to building operations.

It is now the rule for the Assistant School Medical Officers to report fully on prescribed forms on the result of treatment of tonsils and adenoids by operation. The following statement is an analysis of the reports :—

Tonsils completely removed.		Tonsils not completely removed.		Adenoids completely dealt with.		Adenoids not completely dealt with.	
91		34		114		13	
Mouth Breathing.				General Health.			
Cured.	Improved.	Not Improved.	Not stated.	Improved.	Not Improved.	Not stated.	
47	15	7	58	78	5	42	
Speech Improved.	Hearing Improved.	Colds and Sore Throats less frequent.	Mental condition improved.	Rheumatism cured.	Otorrhoea.		
					Cured.	Improved.	Not improved.
5	6	35	5	2	3	1	2

Tuberculosis.—Reference should be made to the summary of treatment at the Shropshire Orthopaedic Hospital, page 27, for particulars of other forms of tuberculosis dealt with.

Skin Disease.—Arrangements were made with the Birmingham Education Authority for the treatment of a limited number of cases of ringworm. Only intractable cases were sent for treatment. The railway fares are paid where the parents are not in a position to afford them.

Eleven cases were sent under this arrangement and one case was dealt with under the arrangement previously in force. All the cases were apparently cured.

External Eye Disease.—Thirteen external eye defects were treated under the Education Authority's scheme and one otherwise.

Defects of Vision.

DETAILS OF TREATMENT RECEIVED AT THE HOSPITALS AND CLINICS.

Hospital or Clinic.	Number of Children seen.	Glasses prescribed.	Glasses obtained.	No. change of Glasses ordered.	Other treatment.	Visit to Salop Hospital advised.	No. glasses or treatment necessary.
Salop Eye, Ear and Throat Hospital	398	345	344	24	14	..	15
North Staffordshire Infirmary	4	3	3	..	..	..	1
Worcester Eye Hospital	1	1	1	..	..	..	..
Oswestry Eye Clinic	113	111	108	..	..	2	..
Assistant School Medical Officer at Whitchurch Eye Clinic	26	22	19	1	..	3	..
Bridgnorth do.	58	54	50	1	..	2	1
Ludlow do.	36	33	31	1	..	2	..
Stokesay School	7	6	6	..	..	1	..
Cleobury Mortimer School	14	13	12	..	..	1	..
Shifnal School	30	27	22	..	..	2	1
Total	687	615	596	27	14	13	18

Ear Disease and Hearing.

Hospital.	Number of Children seen.	Received Treatment.				Waiting Throat Operation.
		Remedied.	Im-proved.	Not Im-proved.	Not known.	
Salop Eye, Ear and Throat Hospital	46	9	28	7	..	2
North Staffordshire Royal Infirmary	1	..	..	..	1	..
	47	9	28	7	1	2

TEETH.—For the last 10 or more years efforts have been made through the schools and by means of the health visitors to teach the prevention of dental caries on physiological lines. Simple rules of prevention have been drawn up and supplied to the schools and to the health visitors. The directions to the health visitor are to leave these at every house where there are young children and explain them to the mothers. In addition, lectures have been given by the medical staff to school teachers, to nurses, to mothers at the Child Welfare Centres, and by the County Council health lecturer to the children at the schools. This teaching is regarded as one of the most important duties of the health visitors. There is reason to think that there has been a considerable improvement in the teeth of the children of the County, but without some general acknowledgment of the supreme importance of the work it seems almost impossible to get that sustained interest and enthusiasm amongst the workers and that receptivity amongst the public that is essential for any great success.

The prevention of decay of teeth is now receiving considerably more attention from the important bodies responsible for the public health. The Dental Board have issued a leaflet on prevention and treatment.

It is eminently satisfactory to be able to record that the Society of Medical Officers of Health has drawn up a leaflet containing directions for the prevention of dental caries. This leaflet was drawn up by a committee composed of Dentists, School Medical Officers, Child Welfare Medical Officers and Medical Officers of Health, and may be looked upon as an authoritative statement.

The staff consisted during the year of two dentists and three dental dressers and one dental helper, and the conditions of working are as stated in the report for 1921.

The ends that have been steadily kept in view are :—

- (1) That the inspection should be of a *systematic* character.
- (2) That all the schools should be dealt with in a reasonable time, and if possible within twelve months.
- (3) That the mouth of every child treated should be freed from any gross septic conditions, and every decayed permanent tooth that is saveable, should be saved.
- (4) That subject to the foregoing conditions and to the proviso that every filling should be done as well as possible so that it shall be really permanent, the largest number of children possible should be dealt with.

The success or failure of the scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and not upon the refinements of dental treatment.

In small country schools inspection and treatment are carried out at the same visit, and in all other schools arrangements are made for treatment either at the school or at a clinic some three weeks after inspection.

Children of all ages in the schools have been dealt with since October, 1923. This is a very important advance.

Not only are all ages dealt with but the schools are now being visited on an average about once in eight months. This has been possible owing to the considerable number of refusals and the smaller amount of treatment required owing to previous treatment.

All the schools were inspected and the children treated during the year.

The children in one hundred and twenty-four schools were treated twice during the year. Sixteen schools were inspected twice, but the second treatment was not given until 1926.

The results of inspection and treatment are given in the tables at the end of the report.

The number of unsaveable permanent teeth is a measure of the imperfection of the dental scheme, and for this reason a detailed analysis has been made showing how these teeth have become unsaveable. A tooth becomes unsaveable when the decay has reached the pulp cavity, or very close to the pulp cavity. It is very satisfactory that in 34,118 examinations of children only 2,163 unsaveable permanent teeth were found. 1,623 of these were due to refusal of treatment at the previous inspection. Only 540 can therefore be legitimately attributed to any shortcomings of the scheme. Of this number 260 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion ; 158 were due to an unusually long inter-inspection period, and only 122 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period. These figures are extremely encouraging, showing, as they do, that if there were no refusals and no extra long periods between inspections there would be very few permanent teeth destroyed. In the East of the County where treatment is carried on principally in clinics, and where there is consequently more opportunity for treating those children who could not for any reason be dealt with on the day arranged, the total number of unsaveable teeth, apart from refusals, was only 32.

The difference between the number referred for treatment, including 2,488 cases brought forward from 1924, and the number treated, was 8,538. The details are given in the following statement :—

	Refusals.	Absent on day of Treatment.	Left School.	To be treated in 1926.	Treatment deferred.
East of County	3617	641	38	660	26
Remainder of County ..	2906	285	77	165	123

It will be noted that there were no less than 6,523 refusals of treatment. The following table shows the schools in which the percentage of consents was very high and those in which it was very low :—

PERCENTAGES OF " CONSENTS " FOR TREATMENT.

Leighton	100	Quatford	20
Rhydycroesau	100	Bridgnorth (St. Mary Magdalene	
Lee Brockhurst	100	Infants')	20
Edgmond	98	Stanton Lacy	24
Wroxeter	98	Ludlow (East Hamlet Boys')	24
Beckbury	98	Eaton Constantine	26
Cardington	96	Ludlow (C.E. Boys')	27
Ryton	96	Bridgnorth (Mixed)	27
Chetwynd	95	Middleton	30
Ford	95		
Adderley	92		
Caynham	92		
Neenton	92		
Berrington	92		
Pant	91		
Ratlinghope	90		
Cleobury Mortimer (Boys')	90		
Church Aston	90		

It is, I think, a serious indictment of our educational system, although it has brought about great changes for the better, that after fifty years of universal education we should find a considerable percentage of the people ranging in different parts from 20 per cent. to 80 per cent. refusing dental treatment for their children, when skilled treatment is provided free of cost. We know that in the more highly educated classes, dental treatment is sought after and obtained at much cost and inconvenience, and we may infer that the large majority of parents who refuse dental treatment do so because of a lack of development of their intelligence and their consequent inability to form a correct judgment on the serious problems of life. I would suggest seriously that the acceptance of dental treatment should be looked upon as a test of intelligence and consequently of success or failure of education in a district. A recognition of the value of such tests by education authorities as an indication of the quality of education in a district would be the greatest possible help in our efforts to improve the health of the people.

CRIPPLING DEFECTS AND ORTHOPAEDICS.
Treatment at the Shropshire Orthopaedic Hospital.

Disease.	Cases paid for by the County Council.			Cases not paid for by the County Council.		
	Child Welfare, Tuberculosis and School Cases.			Child Welfare, Tuberculosis School and other Cases.		
	Under 5.	5 to 14.	Over 14	Under 5	5 to 14.	Over 14.
Tuberculosis of Bones and Joints ..	6	26	43**	..	3	8
Poliomyelitis	3	19	..	1	2	6
Rickets	19	2	..	1	2	..
Knock Knee	..	2	..	..	..	2
Scoliosis	..	4	..	..	1	..
Spastic Diplegia	1	..	..	..	1	..
Congenital Deformities	7	4	..	5	..	1
Flat Foot	..	2	..	..	3	12
Claw Foot	..	4	..	..	..	3
Osteo-Arthritis	..	..	..	..	..	3
Osteomyelitis	..	7	..	..	..	2
Osteo-chondritis	..	4	..	..	..	..
Arthritis	..	5	..	..	..	12
Spastic Paraplegia	1	3	..	..	..	..
Fractures and Dislocations	1	7	..	..	1	10
Torticollis	..	2	..	..	..	..
Round Shoulders	..	1	..	..	..	2
Hallux Ridigus	..	..	..	..	..	2
Hallux Valgus	..	..	..	..	..	2
Gunshot Wounds	..	..	..	..	..	9
Other Accidents	..	1	..	..	..	13
Other Diseases and Conditions	1	3	..	..	..	5
	39	96*	43	7	13†	92
	178			112		

* Includes 6 Shrewsbury School Children.

† Includes 3 Shrewsbury School Children.

** Eleven of these cases notified and sent in to the Hospital as tubercular were diagnosed afterwards to be Coxa Vara 4, Septic Arthritis 2, Osteomyelitis 2, Superficial Abscess 1, Toxic Neuritis 1, Teno-synovitis 1.

In all, 290 cases have been treated at the Hospital, compared with 316 in 1924. So far as we are aware all the cases really needing treatment have been dealt with. This is very satisfactory. It is our constant endeavour to get the cases treated as early as possible.

Total .. 290

OPEN AIR EDUCATION.

Playground Classes are encouraged, but they are carried out only in a comparatively small minority of the schools.

Very few of the schools have so far had *School Journeys*, and there have been no *School Camps* in connection with any of them so far as I am aware.

The general plan now adopted for new schools is such that all the classrooms can be used as open-air rooms in suitable weather. The chief difficulty met with is that the heating adopted, is altogether unsuitable for open air rooms. It is quite obvious that any scheme of heating that depends principally upon heating the air of the room cannot be effective, if the air is changed every minute or oftener, as it is in the open air rooms except on the stillest days. The heat must be radiant heat, and the radiating surface must be in close proximity to every child. In other words the floor must be warmed. There is no other way of keeping the children reasonably warm in an open air classroom, and all other methods of heating under open air conditions are almost useless. If this is true, and it is decided to continue the open air planning of schools, it follows that floor heating should be adopted and very thorough investigations and inquiries should be made into the best way of carrying it out.

There are no special open air classrooms, or day or residential open air schools in the County, but, as stated above, the policy now adopted is to build all new schools as open air schools. A residential open air school for children needing rest, food and treatment in the open air is undoubtedly necessary, and should be provided when circumstances allow and the essential school services have been brought to a reasonable standard. An attempt was made to meet the need for open air treatment for suitable cases by accepting the offer of the Lady Forester Trust to accept school cases for open air treatment at the Broseley and Wenlock Hospitals for a payment of one guinea a week in each case. This was an economical and ready way of meeting the need, but as no teaching was provided and the institution could not be approved as a school, the Board of Education decided that the Education Authority had no power to provide such treatment. This arrangement with the Trust has therefore been brought to an end and no further payments were made after March 31st, 1926. No fresh cases were sent after January 22nd, 1926.

The cases dealt with were—general debility 10, malnutrition 7, anaemia 2, heart disease 1, anaemia and general debility 1, rheumatism and endocarditis 1, cervical adenitis 1, suspected pulmonary tuberculosis 1, tuberculous peritonitis (quiescent) 1, bronchial catarrh 1, suppurating cervical glands (non-tubercular) 1, chorea 1.

The average length of stay was 101.8 days. The average gain in weight was 5 lbs. 13 ozs. 19 children were discharged as greatly improved.

5	„	„	„	improved.
4	„	„	„	with no improvement.

PHYSICAL TRAINING.

In the report for the year 1923 I said :—“ Exercise and fresh air conditions and proper food are the two primary factors that govern growth and health, and by attention to these two matters we strike at the root of disease. Measures directed to the prevention of particular diseases or to the early treatment of disease, although important, can never yield the same result to the State, consequently it is essential that we should concentrate our energies more particularly on these general measures, which are essential for the full growth and vitality of the great mass of school children. Of these measures, the provision of a good scheme of physical instruction including the encouragement of organised games and the provision of playing fields, is perhaps the most important. Unfortunately physical instruction is in some respects worse in this County than in 1914. *For these reasons I strongly urge that the scheme for the appointment of two organisers of physical training be proceeded with at the earliest practicable moment, and that in the meantime the acquisition of playing fields and organisation of games be encouraged and helped in every possible way.*”

I am so impressed with the importance of this branch of the work that I hope before long the County will appoint the two organisers as originally intended.

In addition to attending to the physical development of all the school children, which is infinitely the most important matter, the question of remedial exercises for children requiring them has received considerable attention.

Those children whose deformities are really serious are dealt with by admission for a period into the Orthopaedic Hospital. For the continuation of treatment in these cases and for the treatment of slighter cases it is most desirable that our School Nurses should work in close co-operation with the Orthopaedic After-care Centres in order that daily exercises may be carried out where necessary, and generally more attention given to this work than it is possible for the Orthopaedic Nurses to give.

I am sorry to have to report that so far it has not been possible to carry out the scheme of sending the whole-time school nurses to the Orthopaedic Hospital for a fortnight's training in the simple remedial exercises, owing to illnesses and vacancies amongst the health visitors. It is hoped that it will be possible to carry out this scheme during the present year.

The report of Mrs. Davey, the Organiser of Physical Training (see below) shows that the work is progressing most satisfactorily, so far as it is possible for one person to carry it out. The scheme works smoothly and the teachers on the whole greatly appreciate the assistance given. On the other hand the impossibility of one person undertaking this great work is impressed upon one more forcibly each year.

REPORT OF THE ORGANISER OF PHYSICAL TRAINING IN SHROPSHIRE.

Method.—No change has been made in the actual methods adopted in connection with the organisation of Physical Training in the Elementary Schools in the County.

Two areas have been taken each term, the work in the schools has been supervised and the teachers drawn in to the nearest centre for a course of instruction.

Courses.—Six of such courses have been held during the year at the following centres:—

				No. on Register.	Percentage of Attendance.
Jan.—April	Dawley	..	..	46	84
	Coalbrookdale	..	..	39	83
April—July	Craven Arms	..	..	46	81
	Cleobury Mortimer	..	..	24	82
Sept.—Dec.	Oswestry	..	..	35	81
	„	..	..	41	83
	„	..	..	26	88
	Ellesmere	..	..	30	85

At Coalbrookdale, Cleobury Mortimer and Oswestry the classes were held at the County Secondary Schools. It is desirable to gratefully acknowledge the facilities accorded for the use of these premises.

A course consists of a series of 10 lessons of two hours each, and covers the principles and practice of Physical Education as laid down by the Board of Education Syllabus of 1919. The practical work is chiefly based on the syllabus issued for use in Rural Schools in 1924.

The teachers are encouraged to work on the *Team System*, and those who are already using this method are enthusiastic in their appreciation of its advantages. Not only does it give the children more opportunities for individual practice, but it develops their sense of responsibility and co-operation. A well run team system improves the social atmosphere of the school, while the healthy rivalry it creates between the different teams stimulates the children in their efforts, thereby raising the average standard of physical efficiency.

The willingness with which the teachers attend the classes and their attitude, generally, in regard to criticism of their work is encouraging. Though it will take some considerable time to get most of the physical training work to a really satisfactory standard, yet it is found, that when the teachers understand more regarding the aims and the possibilities of a methodical system of physical training, their interest and their work improves. The children are beginning to enjoy their lessons more, their efforts increase, and this in itself is bound to react favourably both on their physique and their character.

The courses are still of an elementary character and will necessarily be so until all the divisional areas of the County have been covered.

Visits.—The number of visits to schools during the year was 239.

Following Up.—This is still very inadequate. It has been impossible to visit schools in previous areas owing to the large districts tackled in 1925. Much of the work in former areas needs further supervision.

Organised Games.—Considerable progress is noted in this branch of physical education. The portion of time which may be given to play is more wisely used and the teachers show greater skill and enterprise in adapting games to suit their conditions.

All teachers are encouraged to work out a yearly scheme of useful and progressive play. Where this has been done and the scheme worked intelligently the whole standard of play has improved, and a higher sense of good sportsmanship has been created.

Playing Fields.—The number of schools which have procured the use of a field for organised games (and sometimes for the daily physical training lesson) has increased.

The actual number of schools which have some space for play in addition to the school playgrounds is now 144 (*i.e.*, roughly half the total number of schools).

There are still a great many districts that are in need of a good playing field. Though, of course, it is recognised that some localities present special difficulties, the initiative of the Head Teacher is the most important factor in the securing of a field.

Equipment.—Encouraging progress is to be recorded in this matter, especially in a district where a course of instruction has been held. Apparatus is, in great measure, provided by the teachers and scholars, and it is highly creditable that most schools are now equipped with some useful apparatus such as footballs, ropes, rubber balls, bean-bags, etc. Here, again, advance on these lines greatly depends on the interest and the determination of the class teachers.

Indoor Facilities.—Little or no change has been made with regard to the actual conditions in the schools, and though many classrooms offer meagre opportunities for indoor activity there is no doubt that the teachers are, now, less inclined to drop the physical training lesson altogether on wet days.

Footgear and Clothing.—The usual footgear worn by the children in the rural schools is extremely heavy, and unsuitable for physical training, yet with the rough and often damp surfaces in most playgrounds any other would appear to be bad economy. Where the playground is comparatively smooth, and for indoor work, the children are encouraged to make their own shoes out of odd scraps of suitable material, *e.g.*, felt, corduroy or knitting, etc.

As regards clothes, the only power the teacher has is to give advice and to help the girls to make drill tunics, and to discourage the wearing of hats, heavy coats, and mufflers during the physical training lesson. Excess of clothing is to be deprecated.

Swimming.—Little progress can be reported in the rural areas. The streams and ponds are rarely adaptable for swimming purposes, though many can be used for a “cold dip.” Some of the men teachers are willing to organise and supervise a class, but little has been done for the girls.

Many teachers not being able to swim themselves are naturally chary of accepting responsibility in regard to a class of children except in a recognised Swimming Bath. It is feared that development of this phase must necessarily be slow.

KATHERINE W. DAVEY.

FEEDING OF SCHOOL CHILDREN.

There has been no feeding of school children under the Provision of Meals Act during the year, because there has been no marked privation.

A scheme for providing milk at the mid-day meals was described in last year's report. It was considered at a meeting of the Medical Inspection Committee and it was decided to work as far as possible through the Women's Institutes, and that if any school required special help that could not be provided otherwise, the application would be considered by the Committee.

SCHOOL BATHS.—None provided, but the Organiser of Physical Training is giving special consideration to the utilisation of natural waters in country districts for teaching swimming.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

PARENTS.—A notice is sent to all parents inviting their presence at the routine medical and dental inspections. A proposal is under consideration also for getting the parents to be present at the re-examination of defective children. The advantages of this are obvious. A special effort is always made to get the parents of seriously defective children present at examinations.

The presence of parents is made use of to instruct them individually and occasionally collectively. If the parents of defective children are not present at the inspection they are always visited by the school nurse for the purpose of explanation and for urging treatment if necessary. The parents who refuse dental treatment are mostly visited by the school nurse, who explains the benefits and urges treatment.

It is the constant endeavour of the school nurses to obtain the co-operation of the parents in the scheme for prevention of verminous conditions.

The child welfare scheme makes the co-operation of parents much easier and more efficient, the children of parents being already known to the school nurses.

TEACHERS.—The teachers have continued to afford great help in the work of medical and dental inspection and treatment.

The value of the assistance that is given and the results achieved vary enormously in the different schools. It is greatly a question of the personal influence of the teacher and the interest taken in the physical condition of the children. In some schools, particularly some of the country schools, the word of the teacher is almost always accepted. The great disparity in the influence of teachers is nowhere more marked than in connection with the acceptance of dental treatment. Presumably all the teachers are satisfied of the enormous importance on health of dental treatment, yet many of them cannot overcome the objections mostly arising from the children (see table, page 26).

In the section dealing with verminous conditions, attention is called to the great influence that the teacher can exert to improve the cleanliness of the school children.

In addition to the routine help at medical inspection described in the earlier reports, the teachers are asked to pay special attention to the attitude of the children in school and to correct false positions ; to see that the children wear spectacles when prescribed ; to see that children with visual and aural defects get the special school treatment prescribed ; to note abnormalities and call the attention of the Medical Officers ; to exclude cases of suspected infections in accordance with directions and to report exclusions ; to distribute directions with regard to infectious disease to parents on certain occasions.

The influence of the teachers on the general hygiene of the school has been alluded to in other parts of this report.

SCHOOL ATTENDANCE OFFICERS.—The Attendance Officers are now working in closer co-operation with the medical department. Their opportunities of seeing whether children absent from school on medical grounds are getting medical treatment, are often greater than the opportunities of the school nurse. They are now instructed to report at once any such children who are absent and are apparently not receiving or carrying out medical treatment, so that they can be further investigated if necessary by the medical department. They are also to report on children who are excluded by the Medical Inspector for various conditions and are not carrying out the treatment prescribed.

They attend at the medical inspections when required and are available for bringing up children who are absent and whose examination is very desirable. They are supposed to keep a strict lookout on children absent on account of verminous or skin conditions in order to see that the treatment prescribed is not neglected. They also make examinations and give evidence in court in verminous conditions where the school nurse objects to appear in court.

VOLUNTARY BODIES, VOLUNTARY HELPERS.—(See remarks, page 8, report for 1914).

During the war the scheme for utilising Voluntary Helpers became much less efficient, owing greatly to the fact that the helpers were fully employed with other work. Much of the routine work undertaken by the helpers is now done by the school nurses, but there is still work to be done in which helpers can be most useful. What is now wanted is one lady for a school or group of schools to whom the nurse can apply for advice or assistance.

Where the school nursing is done by the District Nurse the Secretary of the Local Nursing Association very frequently carries out the functions mentioned above.

The Inspector of the National Society for the Prevention of Cruelty to Children has been of the greatest use in obtaining medical treatment where other means have failed and in dealing with cases of gross neglect. The thanks of the Education Committee is due to the Society for their ready co-operation and prompt action.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Methods of Ascertainment.—Reliance is placed principally upon the visits of the Health Visitor to the homes of the children under school age. These visits should bring to light with certainty all defective children who have been born in the County, and with a lesser degree of certainty, defective children who have removed into the County.

In addition, the Attendance Officers make an annual census of all defective children, and for this purpose are supposed to visit every house. For defects that develop during school age, one has to rely upon the inspections of the Medical Officers, and the vigilance of the teachers. If, in addition to these measures, the Attendance Officers call the attention of the Medical Department to children who are permanently absent from school, ascertainment should be complete. Instructions have been given to this effect.

To make ascertainment absolutely complete, there should be prompt notification of movements of defective children from the area of one Authority to that of another. This is a matter which can only be satisfactorily undertaken by the help of the Attendance Officers and Teachers.

Examination of Mentally Defective, Epileptic, Blind and Deaf Children.

	Certified suitable for Special School on Form 302M, 39 D. or 40 B.D.	Uneducable.	To be kept under observation.	Examined and found Dull and Backward only.
		Notified to Local Control Authority.		
Mentally Defective and Epileptic ..	0	..	..	..
Mentally Defective ..	34	11*	23	12
Epileptic	4	..	8	..
Blind	6	..	..	..
Deaf and Dumb ..	2	..	..	..

* 1 Idiot, 9 Imbeciles, 1 Mentally Defective Child.

Number of children certified as educable and suitable for Sandlebridge in 1925 ..	35
Number of these children admitted in 1925	1
Number not admitted	34
Reasons for non-admission :—Parents' refusal ..	18
Too old	7
Found unsuitable	2
Awaiting vacancies	5
Referred to Guardians	1
Left the District	1

The number of children admitted to special schools during 1925 was—Blind 4, Deaf and Dumb 5, Epileptic 2, Mentally Defective 5, Physically Defective 72.

During the year 1925, the striking feature was the large number of mentally defective children attending the Public Elementary Schools. These to a considerable extent consisted of children who had been certified for a special school, but either their parents objected to their removal, or there was no available place at Sandlebridge for them. Others were considered too defective for Sandlebridge, although to some extent educable.

The question has been considered as to whether it would not be better to notify these latter children to the Local Control Authority and put them under the supervision of the Health Visitors. The Board of Education is very loth to approve of the transference of any school child who is not an idiot or imbecile to the Local Authority under the Mental Deficiency Act.

These children are now put under the systematic supervision of the whole-time school nurses, and are reported at the age of 16 to the Local Authority under the Mental Deficiency Act.

Orthopaedic Hospital and Special School.—All cases requiring orthopaedic treatment are admitted to the Hospital on the report of the School Medical Officer and assessed for payment according to ability to pay. The accommodation is such that there is no delay. The cases are discovered principally by the School Medical Officers and nurses, and every effort is made to get the cases early. On discharge from the Hospital they are kept under supervision at the After-care Centres, 16 in all, distributed throughout the County. Nine of these Centres are open weekly and 7 fortnightly. The cases are re-admitted to the Hospital for re-splinting, plasters, exercises or operation, as required.

Schools for the Blind, Schools for the Deaf.—In both these classes of schools accommodation is always found if the parents are willing for removal. Every effort is made to get these cases under early treatment.

Mentally Defectives.—These children are sent to Sandlebridge Special School, where the Education Authority has an option on 10 beds. The accommodation is not sufficient for the needs of the County, and would be grossly insufficient if all suitable cases were compulsorily removed. There are at present 21 children in this school from the County.

NURSERY SCHOOLS.

There are none of these schools in the County, nor does the provision appear to be particularly urgent.

SECONDARY SCHOOLS.

The Secondary Schools, 18 in number, were visited three times during the year with one exception, where, owing to the small number of children for examination in the first term, two visits only were made. Entrants, leavers and scholars aged 12 and 15 were examined.

Wem Grammar School (Aided School) came under the scheme of inspection for the first time towards the end of the year, and was inspected once.

No arrangements have been made for providing treatment or for following up the defects found. The whole question of remedial treatment is left in the hands of the head masters and mistresses.

The tables referring to the inspection of Secondary Schools are given at the end of the report.

Continuation Schools.—There are no Continuation Schools in the County.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The children over 12 years of age in private employment, come under the notice of the Assistant School Medical Officers at each visit to the schools, and if they are found to be suffering in any way from their employment, notice is sent to the Education Department.

The findings of the Medical Inspectors are at the service of the Juvenile Employment Committee, and the certifying factory surgeon. If the Medical Officers consider that a child is not fit for any specific employment, this information is transmitted to the Juvenile Employment Committee, and the certifying factory surgeon.

No definite statement of the findings of the School Medical Service as regards the physical conditions of employed children and young persons can be made, but the Assistant School Medical Officers do frequently report cases where they think the child's health is injured by their employment out of school hours, and the information is sent in these cases to the Secretary for Education, for appropriate action to be taken.

TABLE I.—A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	..	..	..	..	..	..	..	3661
Intermediates	..	..	..	..	..	..	..	2985
Leavers	..	..	..	..	..	..	..	3195
Total	..	..	..	..	..	..	..	9841
Number of other Routine Inspections	..	..	..	..	..	..	..	—

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	2637
Number of re-inspections	..	..	..	..	..	..	12933
Total	..	..	..	..	..	..	15570

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1925.

Defect or Disease.					Routine Inspections.		Special Inspections.		
					No. of Defects.		No. of Defects.		
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	
(1)					(2)	(3)	(4)	(5)	
Malnutrition					I	711	..	7	
Uncleanliness					1143	..	2	..	
Skin	Ringworm—								
	Scalp				18	..	5	..	
	Body				11	..	1	..	
	Scabies				22	..	5	..	
	Impetigo				31	..	13	..	
Eye	Other Diseases (non-tubercular)				19	..	3	..	
	Blepharitis				25	20	5	1	
	Conjunctivitis				6	..	5	..	
	Keratitis				..	..	..	..	
	Corneal Opacities				4	..	1	..	
	Defective Vision (excluding squint)				455	256	82	1	
	Squint				93	45	12	4	
	Other conditions				8	..	5	..	
	Ear	Defective hearing				25	..	11	..
		Otitis media				50	..	4	..
Other ear diseases				3	1	1	..		
Nose and Throat	Enlarged tonsils only				316	476	80	7	
	Adenoids only				103	165	20	1	
	Enlarged tonsils and adenoids				264	67	84	3	
	Other Conditions				22	8	4	3	
Enlarged Cervical Glands (non-tubercular)					3	183	4	6	
Defective speech					..	47	..	5	
*Teeth, Dental Diseases					262	..	28	..	
Heart and Circulation	Heart Disease—								
	Organic				..	83	3	2	
	Functional				..	87	..	4	
Lungs	Anaemia				6	32	4	3	
	Bronchitis				13	81	1	5	
Other non-tuberculous diseases					2	2	..	1	

TABLE II.—*continued.*

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary—							
	Definite				3	..	1	..
	Suspected				49	..	5	..
	Non-pulmonary—							
	Glands				12	..	3	1
	Spine				2	..	..	..
	Hip				2	..	2	..
	Other bones and joints ..				2	..	..	..
Nervous system	Skin				..	..	..	..
	Other forms				6	1	..	..
	Epilepsy				4	4	3	2
	Chorea				6	1	1	..
Deform- ities	Other conditions				6	8	1	..
	Rickets				10	23	1	..
	Spinal Curvature				112	52	18	1
Other forms				226	46	27	4	
Other defects and diseases					153	652†	32	50‡

* This only includes the grosser cases requiring immediate treatment, others being left over for routine treatment by the School Dentist.

† Includes 516 Dull and Backward Children. ‡ Includes 32 dull and Backward Children.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.					Number of Children.		Percentage of children found to require treatment.
					Inspected.	Found to require treatment.	
(1)					(2)	(3)	(4)
Code Groups :—							
Entrants					3661	548	15.0
Intermediates and other routine inspections					2985	624	20.9
Leavers					3195	662	20.7
Total (Code Groups)					9841	1834	18.6

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON DECEMBER 31ST, 1925.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a school or class for the totally blind.	Attending certified schools or Classes for the Blind ..	4	6	10
		Attending Public Elementary Schools	1	..	1
		At other Institutions	..	..	..
		At no School or Institution ..	..	2	2
	(ii) Suitable for training in a School or Class for the partially blind.	Attending certified Schools or Classes for the Blind ..	..	..	..
		Attending Public Elementary Schools	8	8	16
		At other Institutions	..	..	..
		At no School or Institution ..	2	4	6
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the Totally deaf or deaf and dumb.	Attending certified Schools or Classes for the Deaf ..	9	10	19
		Attending Public Elementary Schools	..	1	1
		At other Institutions	..	..	..
		At no School or Institution ..	..	1	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending certified Schools or Classes for the Deaf ..	..	..	..
		Attending Public Elementary Schools	4	..	4
		At other Institutions	..	..	..
		At no School or Institution ..	1	1	2
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending certified Schools for Mentally defective children	12	10	22
		Attending Public Elementary Schools	75	38	113
		At other Institutions	4	1	5
		At no School or Institution ..	29	29	58
	Notified to the Local Control Authority during the year.	Feeble-minded	4	..	4
		Imbeciles	5	4	9
		Idiots	..	1	1

			Boys.	Girls.	Total.
Epileptics.	Suffering from Severe Epilepsy.	Attending Certified Special Schools for Epileptics ..	1	1	2
		In Institutions other than Certified Schools	..	..	..
		Attending Public Elementary Schools	7	5	12
		At no School or Institution ..	2	1	3
Physically Defective.	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	8	5	13
		At no School or Institution ..	4	2	6
	Infectious Pulmonary and Glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	1	3
		At other Institutions	1	2	3
		At no School or Institution ..	12	28	40
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	4	8	12
		At certified residential open-air Schools	..	..	..
		At certified Day Open-air Schools	..	..	..
		At Public Elementary Schools	22	16	38
		At other Institutions	..	..	..
		At no School or Institution ..	9	6	15
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools	..	..	..
		At Certified Day Open-air Schools	..	..	..
		At Public Elementary Schools	118	108	226
		At other Institutions	1	2	3
		At no School or Institution ..	30	28	58

Physically Defective (contd.)	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board	5	6	11
		At Public Elementary Schools	16	10	26
		At other Institutions	..	..	..
		At no School or Institution ..	5	13	18
	Crippled children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools	7	7	14
		At Certified Residential Cripple Schools	2	1	3
		At Certified Day Cripple Schools	..	..	..
		At Public Elementary Schools	214	202	416
		At other Institutions	1	3	4
		At no School or Institution ..	79	61	140

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1925.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Defect or Disease.							Number of defects treated, or under treatment during the year.		
							Under the Authority's Scheme.	Otherwise.	Total.
(1)							(2)	(3)	(4)
Skin—									
Ringworm—Scalp	..	..	..	..	..	..	72	24	96
Ringworm—Body	..	..	..	..	..	..	58	2	60
Scabies	..	..	..	..	..	..	35	7	42
Impetigo	..	..	..	..	..	..	333	7	340
Other Skin Diseases	..	..	..	..	..	..	132	15	147
Minor Eye Defects—									
(External and other, but excluding cases falling in Group II.)									
.. ..	..	..	..	..	..	..	121	20	141
Minor Ear Defects	..	..	..	..	..	..	153	29	182
Miscellaneous—									
(e.g., Minor injuries, bruises, sores, chilblains, etc.)							1305	131	1436
Total							2209	235	2444

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	Number of defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of refraction (including Squint)	741	32	17	790
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	13	..	1	14
Total	754	32	18	804

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	705
(b) Otherwise	42

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	685
(b) Otherwise	40

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.			Received other forms of Treatment. (4)	Total number Treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
267	52	319	39	358

GROUP IV. DENTAL DEFECTS.
NUMBER OF CHILDREN DEALT WITH.

Age ..			AGE GROUPS INSPECTED.											Specials.	Total.
			Under 5	5	6	7	8	9	10	11	12	13	14		
East of County			479	2300	1897	1839	2072	2299	2354	2364	2327	2076	238	..	20245
(Mr. Birch)															
Remainder of County			144	1254	1268	1296	1501	1632	1743	1667	1655	1492	221	..	13873
(Mr. Keenan)															
Total			623	3554	3165	3135	3573	3931	4097	4031	3982	3568	459	..	34118
(b) Referred for Treatment														..	15204
(c) Actually treated														..	9154
(d) Re-treated (result of periodical examination)														..	594

					No. of Children Referred for Treatment.											
					Under 5	5	6	7	8	9	10	11	12	13	14	Total.
Age	..	..	..	..												
East of County (Mr. Birch)	..	..	..	..	112	886	896	861	950	1031	988	938	909	836	104	8511
Remainder of County (Mr. Keenan)		..	..	..	21	333	493	690	902	984	914	790	757	706	103	6693
Total	..	..			133	1219	1389	1551	1852	2015	1902	1728	1666	1542	207	15204

NUMBER OF TEMPORARY TEETH DECAYED.

Age	SAVEABLE.											UNSAVEABLE.										
	Un-der 5	5	6	7	8	9	10	11	12	13	14	Un-der 5	5	6	7	8	9	10	11	12	13	14
East of County	708	4826	4811	4303	4166	3423	2631	1413	582	330	18	97	1206	1586	1508	1539	1432	1010	771	442	202	7
Remainder of County	233	2302	2643	2463	2355	1964	1414	700	359	170	19	37	703	1038	1380	1756	1719	1310	775	434	213	14
Total	941	7128	7454	6766	6521	5387	4045	2133	941	500	37	134	1909	2624	2888	3295	3151	2320	1546	876	415	21

NUMBER OF PERMANENT TEETH DECAYED.

Age	SAVEABLE.											UNSAVEABLE.										
	5	6	7	8	9	10	11	12	13	14	To-tal.	5	6	7	8	9	10	11	12	13	14	To-tal.
East of County	17	86	254	380	679	813	790	946	985	149	5099	1	1	4	14	38	76	127	193	215	27	696
Remainder of County	1	30	102	237	369	459	554	611	614	104	3081	0	5	12	56	126	203	217	331	447	70	1467
Total	18	116	356	617	1048	1272	1344	1557	1599	253	8180	1	6	16	70	164	279	344	524	662	97	2163

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics and Schools.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anaesthetics.	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Temp-orary Teeth.
East of County 126	316	4576	501	1900	4279	307	2207	—	1196	1262
Remainder of County 87	361	5090	843	1390	5831	143	1605	—	230	46
Total 213	677	9666	1344	3290	10110	450	3812	—	1426	1308

SECONDARY SCHOOLS.

A statement is given below as to the amount of inspection done at the Secondary Schools.

NUMBER OF CHILDREN INSPECTED.

A.—ROUTINE MEDICAL INSPECTIONS.

Age	..	..	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total.
Boys	..	..	..	3	3	3	11	14	26	67	127	35	46	159	28	18	9	3	552
Girls	..	..	..	4	3	5	6	15	51	92	164	53	51	175	46	50	26	3	744
Totals	..	..	..	7	6	8	17	29	77	159	291	88	97	334	74	68	35	6	1296

B.—SPECIAL INSPECTIONS.

Boys	..	..	5
Girls	..	..	23
			<u>28</u>

RE-EXAMINATIONS.

Boys	..	..	321
Girls	..	..	750
			<u>1071</u>

RETURN OF DEFECTS (SECONDARY SCHOOLS).

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition					..	23	..	..
Uncleanliness					5	..	..	..
Skin	{	Ringworm—						
		Scalp			I	..	..	..
		Body			..	..	..	..
		Scabies			..	..	..	..
		Impetigo			I	..	..	..
Other diseases (non-tuberculous)					II	..	..	..
Teeth, Dental Diseases					169	..	I	..
Nose and Throat	{	Enlarged Tonsils only			29	42	I	..
		Adenoids only			2	4	I	..
		Enlarged Tonsils and Adenoids			2	2	..	..
		Other conditions			4	I	..	..
Enlarged Cervical Glands (non-tuberculous)					..	I	..	..
Goitre					II	14	..	2
Eye	{	External Eye Disease			3	4	..	..
		Defective Vision (including squint)			104	61	8	I
Ear	{	Defective Hearing			4	..	..	..
		Otitis Media			I	..	..	..
		Other Ear Diseases			..	..	..	..
Defective Speech					..	2	..	..
Intelligence (backward)					..	19	..	..
Heart and Circulation					2	15	..	..
Anaemia					I	3	..	..

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary—	Definite	..	..	..	..	..	..
		Suspected	..	..	3	..	I	..
	Non-pulmonary—	Glands	..	..	I	..	..	..
		Spine	..	..	..	..	..	..
		Hip	..	..	..	..	..	..
		Other Bones and Joints	..	..	..	..	..	..
		Skin	..	..	..	..	..	..
		Other forms	..	..	I	..	..	..
Lungs	{	Bronchitis	..	..	..	3	..	..
		Other non-tuberculous diseases	..	..	..	5	..	..
Nervous	{	Headache	..	..	..	6	..	..
System		Signs of Overstrain	..	..	..	..	..	..
	{	Chorea	..	..	I	..	..	..
Rheumatism	..	..	..	..	..	I	..	..
Digestion	..	..	..	..	..	2	..	I
Deform- ities	{	Spinal Curvature	..	..	10	40	I	I
		Flat Foot	..	..	17	77	..	..
		Other deformity	..	..	11	15	..	..
Other defects	..	..	..	..	22	12	I	..
Remedial Exercises advised					84		I	
Number of individual children found at Routine Inspection to require treatment					226			

Treatment.—Defects and the nature of the remedy required are explained by the Assistant School Medical Officer to the Head of the School at the time of Inspection.

The following is a summary of the information obtained by the Medical Inspectors by re-examination of the children referred for treatment at previous inspections:—

Defects treated during the year	Defective Eyesight.	Tonsils & Adenoids.	Defective Hearing and Ear Disease.	Other Conditions.	Skin Disease.
.. .. .	74	12	8	249	5

APPENDIX A.

REPORT OF MR. KEENAN, THE SCHOOL DENTIST IN THE WESTERN HALF OF THE COUNTY.
To the School Medical Officer.

Dear Sir,

These few notes are intended to explain briefly the figures which represent the treatment done in my area in the year 1925.

The record of work consists almost entirely of *Fillings* and *Extractions*.

I consider that it is by efficiency in the performance of these, the two important branches of dental work, that the greatest good can be done.

The facts which follow will show how I have made a great effort to obtain that efficiency, while the figures at your disposal will give you the measure of my work.

Fillings.—All saveable permanent teeth have been filled with very few exceptions. A number of temporary teeth have also been filled. I have concerned myself chiefly with the permanent teeth because I am of opinion that these have the first claim to my attention. It is to be hoped that during the current year, with improved conditions to be met with now, more time will be available for the filling of temporary teeth.

These fillings have been done with the greatest care. The work has to be completed at one sitting. It is seldom a second visit can be obtained except at the clinics. No risks can be taken therefore, and the cavities are carefully cut, thoroughly sterilised, and the floors and walls lined with cement incorporated with some such antiseptic as oil of cloves. In cases when the filling approximates the pulp, Carbol Eugenol is used, covered with cement. These precautions are taken to obviate pulp infection, the only serious danger in the matter of fillings. Silver amalgam is employed in the case of posterior teeth, and silicate or the more adhesive Harvard or Alston cement in anterior teeth. It is seldom we have failures—never in the case of amalgam fillings. Anterior synthetic fillings are least reliable on account of the non-adhesiveness of silicate cement.

It is a source of great satisfaction to see, year after year, those splendidly shaped and solidly filled cavities, good to all appearance for years to come, the greater number of which have been executed by our dental dressers. These fillings will long be a standing testimony to their efficiency.

Extractions.—All unsaveable permanent teeth have been extracted with very few exceptions. Also all temporary teeth have been extracted.

The total of extractions is great, but great good has resulted from these operations. No harmful results have come under my notice. I have seen no crowding of the permanent dentition as a result of temporary extractions. On the other hand the extractions for purposes of regulation have succeeded practically without exception.

You will note that the number of unsaveable permanent teeth recorded in my area for 1924 has been reduced by 50 per cent. All extractions have been carried out with a local anaesthetic.

These are the operations which have occupied my attention day by day, and have made up the routine of my work. If other forms of treatment such as stoning do not figure it is because time or opportunity will not permit it. All figures in the column denoting "Other operations" represent scalings. The result of treatment on these simple lines is frankly very good. Where consent has been given and treatment allowed to be thoroughly carried out, sound oral conditions have been brought about.

The consents are greater in number than in the previous year.

That the teeth of the school children in this County are greatly improved there can be no doubt. This conviction I have acquired from daily observation. I have not had an opportunity to test it by comparing present statistics with those of say 1919. Nevertheless, of this improvement I am convinced. I do not put it down to treatment alone. The greater knowledge of proper diet now in the possession of the parents is undoubtedly as important a factor in this matter. Sound dentitions meet us every day, and it is pleasant to hear from the parents of these children that they attribute the condition to rational diet and regular habits of feeding. This should be a source of encouragement to our propaganda workers, who seldom have the opportunity to see the results of their work.

Let me thank you for the sympathetic help you bring to the work. Without it, what has been done could not have been possible.

S. KEENAN, L.D.S.

APPENDIX B.

REPORT OF MR. BIRCH, THE SCHOOL DENTIST IN THE EASTERN HALF OF THE COUNTY.

WELLINGTON.

Dear Dr. Wheatley,

I beg to forward you my report for the year ending December 31st, 1925.

During the year a few changes in the scheme have been inaugurated. The most important being that children under six years of age have now been included and come under inspection and treatment.

All the schools in my area have been regularly inspected and treated within a period of roughly 8—9 months.

Minor sickness has been very prevalent, and this has prevented a complete inspection of many of the schools, and has also prevented good attendances at the clinic for treatment.

The low percentage of children attending clinics during holidays has also made a marked difference between the numbers of those summoned and those actually attended.

Although the number of "*Refusals*" is still too high, it is as well to remember that a large number of the regular "*Consents*" have now perfect mouths, so that those who are now requiring treatment are for the greater part old "*Refusals*," and it is plain to see that the conversion of this type will be a slower process: year after year an increasing number of this class sign the form for treatment, and it is very encouraging.

The percentage of consents varies much in districts, schools, and even classes of a school, and the influences concerned can be evenly distributed between home and school—the teachers, doubtless, have a great influence, and in the majority use it wisely, but they cannot overcome the blank refusal of some recalcitrant parents: the attitude of this type of parent in matters concerning their teeth can be embodied thus:—Teeth are a nuisance from the cradle to the grave—treatment is required only when pain enforces it, and then recourse to the "*painless*" dentists for extraction: the accepted order of things is caries—toothache—extraction and denture.

Now that every child in school is included, the largest number of "*Refusals*" is found in the infant classes, and the reasons for this are usually given as follows:—

- (a) He is too young.
- (b) They are only baby teeth, and will fall out.
- (c) He does not get toothache, only a cold in his gums sometimes.

And truly what better can one expect until a new generation arises with a larger vision of health?

Mothers of spoilt and pampered children come forward with the usual statements that the child is delicate—has a weak heart—has weak nerves, etc. The unfortunate result being that the child becomes a bad attender at school, and so does not gain those outside influences which would assist it to become normal.

An increasing number of children leave school with a sound dentition and a more intelligent outlook on dental health than ever before, but in my opinion the condition of children entering school shows no such improvement—the same caries producing factors being more rampant than ever: modern science is so busy spending its brains and energy on discovering vaccines, etc., that the more logical study of prevention has been comparatively sidetracked.

One of the commonest of questions is: "Do I think the water is to blame for the bad teeth?" And when in answer I declare that I am convinced that in wrong feeding lies the cause, and instance the destruction wrought by soft pappy patented foods, etc., then I can see that they are still unconvinced because, does not every hoarding scream that health and strength lies in so-and-so's patent food?

PRINCIPLES OF TREATMENT.

I contend that treatment should be conservative as far as is consistent with health—the dentist's appreciation of the possibilities of dental craftsmanship must not interfere with his vision of general health.

The School Dentist particularly must always remember that his aim is to do the greatest good for the greatest number, and not to indulge in intricate treatment of irregularities, etc.

One of the great requirements of the work is tact and cheerfulness and a maintenance of calm and absence of anxiety is a primary principle at the Clinic. I always arrange that a particularly noisy child be treated straight away, and removed from the others in the waiting room. Thus preventing the spread of any unsettling influence.

(a) *Temporary Teeth*.—I save all temporary teeth where possible, but I never retain teeth with septic pulps, or fill teeth near the end of their period.

Incisor teeth are not usually considered suitable for filling, so that as a rule the temporary molars are chiefly concerned.

According to the conditions I fill with :—

(1) Cement, (2) Gutta Percha, (3) Silver Amalgam, (4) Copper Amalgam. Painting with silver nitrate is very satisfactory in minor cavities and temporary fillings of Carbol Eugenol are also of use in special cases.

All septic teeth are extracted, although inadvisable to remove a large number at one sitting.

General anaesthetics are only used in special cases called to a central clinic, local anaesthetics being principally used for many reasons—not the least reason being that the incorporate adrenalin checks haemorrhage, and I find that the subsequent bleeding is more upsetting to the child mind than the actual extraction.

(b) *Permanent Teeth*.—The same principles are applied.

All saveable teeth are treated by fillings—stonings, etc.

All unsaveable teeth are extracted.

Occasionally, to prevent total loss of molar occlusion of a side of the mouth, temporary expedients are adopted until the time arrives for the eruption of the 12 yr. molar :—I find in such cases good results from the following procedure, viz. :—

(a) Removal of as much septic soft dentine as possible.

(b) Flooding with pure carbolic acid.

(c) Temporary filling of Carbol Eugenol and Cement.

All incisor teeth are filled with silicate cements where retention can be obtained, otherwise with a more adhesive cement.

Root fillings are only done for incisor teeth, and even then only when the pulp has been newly exposed—sterilisation of very septic teeth is not attempted.

Irregularities.—Are treated by extraction, no appliances are used : special cases are referred for private practitioners.

For cases requiring long treatment I recommend extraction, because I consider that a lot of chronic marginal gingivitis is caused by the continued use of regulating bands.

Pyorrhoea.—Cases of true pyorrhoea are rare, but catarrhal gingivitis is common and due to non-cleanliness or overcrowding—usually disappearing after thorough scaling and the carrying out of simple hygienic measures.

Unfortunate sequelae are seldom met—in rare cases one hears at the following inspection that some bleeding has occurred, but this cannot be avoided, and is never very serious—true secondary haemorrhage is very rare indeed.

After extractions I usually advise a simple mouthwash until healthy healing has taken place.

I take this opportunity of thanking my two assistants for their conscientious work during the year, and you for your much appreciated assistance in smoothing out many difficulties.

FRANK H. BIRCH,
H.D.D., R.C.S., Edin., L.D.S., Liv.

